



WOODWARD PARK

2014-2015 BASKETBALL

6-7 YR. CO-ED DIVISION _____ 8-9 YR. CO-ED DIVISION _____

Please print out registration form filled out and bring back to Woodward Park Recreation Center and pay \$70

LATE FEE \$90 AFTER NOVEMBER 8TH, UNTIL NOVEMBER 22, 2014

10-12 YR. CO-ED DIVISION _____ No refunds after uniforms are ordered by November 8, 2014

****PLEASE CHECK THE AGE DIVISION YOUR CHILD WISHES TO PLAY IN FOR THE UPCOMING SEASON!****

CHILD'S NAME _____ PHONE _____

ADDRESS _____ Male _____ Female _____

CITY _____ ZIP CODE _____

SCHOOL _____ GRADE _____

BIRTHDATE: MONTH _____ DAY _____ YEAR _____ AGE AS OF 8-1-14 _____

SPECIAL REQUESTS: _____

***WE CANNOT GUARANTEE THESE REQUESTS!**

SHIRT SIZE: YS YM YL AS AM AL AXL AXXL

SHORT SIZE: YS YM YL AS AM AL AXL AXXL

(PLEASE CIRCLE)

THE ABOVE MENTIONED HAS MY PERMISSION TO PARTICIPATE IN ALL ACTIVITIES OFFERED BY THE COLUMBUS RECREATION & PARKS DEPT. IN CONSIDERATION OF BEING PERMITTED TO PARTICIPATE IN THESE ACTIVITIES, I AGREE TO HOLD THE COLUMBUS RECREATION & PARKS DEPT., ITS OFFICERS, COACHES, VOLUNTEERS, AND SPONSORS FREE AND HARMLESS FROM INJURY OR DAMAGE TO PROPERTY SUSTAINED BY PARTICIPATION THAT RESULT FROM OPERATION OF THIS PROGRAM. FURTHERMORE, I AUTHORIZE THE COLUMBUS RECREATION & PARKS DEPT. OFFICERS, COACHES, AND VOLUNTEERS TO TAKE ALL NECESSARY STEPS TO INSURE MY CHILD'S HEALTH AND SAFETY IN CASE OF EMERGENCY. I ALSO UNDERSTAND THAT INJURIES ARE A NATURAL PART OF THE GAME AND MAY OCCUR UNDER NORMAL PLAYING CONDITIONS.

NAME(S) OF PARENT/GUARDIAN _____

****PLEASE PRINT CLEARLY AND LEGIBLY!**

PARENT E-MAIL ADDRESS _____

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

PARENTS, WE ARE LOOKING FOR A FEW GOOD COACHES FOR THIS LEAGUE. IF YOU ARE INTERESTED IN COACHING, PLEASE FILL OUT THIS BOX! THANKS!

NAME _____

PHONE _____

DIVISION _____

REGISTRATION FEE: \$70 TOTAL NO REFUNDS AFTER UNIFORMS ARE ORDERED BY NOVEMBER 8, 2014, LATE FEE OF \$90 AFTER 8TH UNTIL NOVEMBER 20, 2014.

WP RECEIPT # _____

DATE PAID _____